SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

1380 Howard Street, 2nd Floor
San Francisco, CA94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

Kara Ka Wah Chien, JD, Chair
Ulash Thakore-Dunlap, MFT, Vice Chair
David Elliott Lewis, PhD, Secretary
Terezie "Terry" Bohrer, RN, MSW, CLNC
Mark Farrell, Board of Supervisors
Wendy James
Virginia S. Lewis, LCSW
Toni Parks
Gene Porfido
Harriette Stallworth Stevens, EdD
Njon Weinroth
Adrian Williams
Idell Wilson
Benny Wong, LCSW

Adopted Minutes
Mental Health Board Meeting
Wednesday, January 20, 2016
Department of Public Health
101 Grove Street
3rd Floor, Room 300
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Kara Chien, JD, Chair; Ulash Thakore-Dunlap, MFT, Vice Chair; David Elliott Lewis, PhD, Secretary; Wendy James; Virginia S. Lewis, MA, LCSW; Toni Parks; Gene Porfido; Harriette Stevens, EdD; Njon Weinroth; Adrian Williams; Idell Wilson and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Terry Bohrer, RN, MSW, CLNC

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, LMFT, Behavioral Health Director; Jess M Montejano, Legislative Aide to Supervisor Mark Farrell; Jeanne Katz, National Alliance on Mental Illness (NAMI-SF); Mike Bradlee, Richmond Area Multi-Services (RAMS); LaToya Lopez, Executive Director of Clay Street House, Progress Foundation; Sheryl Abbeduto, SF MHCRA-PRA; Tina Marshall, Cal State East Bay – MSW; Paul Hickman; Al Gilbert, President and CEO of Family Services Agency (FSA); Ed Fowler, Family Service Agency; Thomas Winston; Ace Robinson,

San Francisco AIDS Foundation (SFAF); Stephanie Nguyen; Steven Benoit, ACCESS; Victor Gresser, RAMS; Oliver Douglas, King & Spalding; Hillary Liang, Marble Tree; Fancher Larson, SF Mental Health Client Advocate; Jasmine Lin; Karen Maso, SF Office of Public Defender's Office – Mental Health; Louise Foo, Canard House; Richard Heasley, Executive Director of Conard House, Inc.; Kathleen Wallace; Hillary Liang, Project Coordinator, Marble Tree & Friends: Meredith Hennessey; and eight additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:35 PM.

ROLL CALL

Ms. **Brooke** called the roll.

AGENDA CHANGES

No changes

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)

Ms. Chien introduced Jo Robinson, Director of Behavioral Health Services (BHS) to give her director's report.

The full director's report (Attachment A) can be viewed at the end of the minutes or on the Internet

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp

1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. **Robinson** said that the California External Quality Review Organization (Cal EQRO) performs annual audits of San Francisco County's mental health services. In December 2015, Cal EQRO completed the external audit of San Francisco County's behavioral health system.

She was provided a copy of the Cal-EQRO FY 2015-2016 preliminary audit results. Overall, the Cal EQRO report showed good findings. BHS was praised for innovations and quality of care to a multi-culturally populated county. When comparing the penetration rate for MediCal recipients, San Francisco has a 9.7% penetration rate which exceeded the California state average of 5.1%. Another measurement is timely access to behavioral health services after discharge from an inpatient unit. The finding showed that discharged San Franciscans have a seven day average waiting period for behavioral health services, while the state average is 40 days.

San Francisco County is required to conduct two performance improvement projects (PIPs) every year preceding the EQRO review. The county submitted two PIP(s) for validation through the EQRO review: PIP clinical and PIP non-clinical. The EQRO reviewers recommended to the State of California Department of Health Care Services (DHCS) to share San Francisco's Clinical PIP with other counties.

The audit mentioned that San Francisco spends more money on care for clients than other counties. One of the reasons is that San Francisco sees about 25% more people with severe psychosis. Next year, the county must provide explanations for any overage.

The Cal-EQRO FY 2015-2016 will become a public document to be published on the website.

Ms. James wondered if the spending breakdown is by recipient.

Ms. Robinson said "Yes."

Ms. **Virginia S Lewis** inquired if the database where the statistics is drawn from is MediCal generated.

Ms. Robinson said "Yes."

She acknowledged Supervisor Mark Farrell's strong support for the Assisted Outpatient Treatment (AOT) program, which was fully implemented last year. The AOT program is going very well and has not yet referred any clients to the court for treatment because they have engaged clients within the program.

1.2 Public Comment

No public comments.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Hearing

Ms. **Robinson** mentioned that Tracey Helton accepted the manager position to oversee peer respite and all peer-to-peer programs. Lisa Reyes was promoted to be the MHSA manager for innovations and other programs.

Mr. **Montejano** (aide to Supervisor Farrell) said Supervisor Farrell is actively working to get more MHSA funds from the state to help homeless people with co-occurring disorders.

2.2 Public Comment

No public comments.

ITEM 3.0 ACTION ITEMS

Ms. **Chien** acknowledged Njon Weinroth for his suggested change in how the Director's Report is portrayed in the minutes The Director's Report from now on shows as an attachment making it clear that not every item was reviewed at the meeting.

3.1 Public comment

No public comments.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of November 18, 2015 be approved as submitted.

Unanimously approved.

3.3 Proposed Resolution: Be it resolved that the notes for the Mental Health Board meeting of December 5, 2015 be approved as submitted.

Unanimously approved.

3.4 Proposed Resolution: Be it resolved that the following priorities proposed at the Mental Health Board 2015 Retreat be approved as submitted.

Ms. Brooke read the priorities proposed at the Board 2015 retreat.

Committees will be formed for each priority and committee members will select their chairs.

1. ACCESS TO BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE HOMELESS (Idell Wilson, Gene Porfido and Virginia Lewis)
    - Disparities for people with homelessness and mental illness
    - Behavioral Health Access Barriers
    - Outreach
    - Housing Options
2. IDENTIFYING BARRIERS TO BEHAVIORAL HEALTH SERVICES (Harriett Stevens, Toni Parks, Njon Weinroth, Benny Wong, David Elliott Lewis and Virginia Lewis)
    - Breaking barriers to eligibility
    - Systemic barriers to eligibility & access to services for those who meet criteria
    - Impact and effectiveness of eligibility criteria for social services programs
    - Senior issues and isolation
    - Housing
3. IMPACT OF COMMUNITY AND SOCIETAL VIOLENCE ON BEHAVIORAL HEALTH (Terry Bohrer, Adrian Williams and Ulash Thakore-Dunlap)
    - Community & relational violence
    - Children and adolescent trauma
    - Prevention of violence
    - Crisis services
    - Bullying & racial discrimination
    - Impact of mass shootings

Unanimously approved.

ITEM 4.0 PRESENTATION: BREAKING THE BARRIERS TO ACCESS TO BEHAVIORAL HEALTH SERVICES.

Ms. Chien stated that several board members will share their personal experiences with barriers to access to Behavioral Health Services. Then, members of the public will be invited to share their experiences.

4.1 Presentation Breaking the Barriers to Access to Behavioral Health Services.

Ms. Wilson shared that she is a San Francisco native and has noticed the barrier of diversity is lacking in staffing to reflect the client diversity. The other barriers are gender and age, as well as barriers for clients with disabilities. She also talked about the stigma surrounding mental illness.

She also commended Helynna Brooke for sustaining diversity of the Mental Health Board membership composition, since she has been on many San Francisco boards that lack diversity of membership.

Dr. Harriette shared she recently participated in a San Francisco ACCESS test call, at the request of the board, and discovered a few issues. Over all, the ACCESS operator responded in a timely manner with helpful information and supportive care.

She believed the system could do better. For example, during the call the operator advised her against going to a nearby program that was not culturally sensitive and recommended her to a more culturally appropriate program at another location. She felt clients should be able to go to the nearest helpful program, which should also be culturally sensitive.

When she inquired about getting services for a loved one in crisis, she was told to have the person in crisis start lining up at 5 AM to see a psychiatrist at a nearby clinic. She would like to see clients in crisis not have to wait in line so early in the morning.

Dr. **David Elliott Lewis** believed that San Francisco is ahead of the curve in behavioral health services. But the challenge for him was the first initial access to services for people in extreme distress.

He shared that his personal journey began 15 years ago when he received services at Urban Housing Services and Tom Waddell Health Center. Within a week of his initial entry into the system, he was assigned to weekly therapy.

Now, he has noticed a longer wait time for new people. There is a shortage of BHS psychiatrists. For example, at Westside clinic, people in crisis must scramble to get in line at 6 AM, and the clinic is open at 8 AM. If they are not in line by 7 AM, then there is little chance that they we be seen, and still no guarantee. Dore Urgent Care Clinic (DUCC) is 24x7 but the clinic has a low capacity, and no psychiatrist on staff. Overall, great services are available once someone is in the system, but the initial phase of sign-up can be improved greatly.

Mr. Porfido shared that his journey began about 15 years ago when he was a musician. His arm often went numb and he had to make numerous trips to the hospital. He finally was diagnosed to have nerve damage in the arm. The diagnosis greatly contributed to his depression when he realized that his music career will end.

During the time of seeking help for himself, he was frustrated for many months. He finally became a client at Oceanside Mission and Ingleside (OMI) clinic. He reflected back that his early struggle to enter the BHS system was because he did not know how to advocate for himself.

Another frustration for him was establishing any trusting relationship with clinicians, because it takes time to build trust with a therapist. He shared that every three months there would be another new intern who was rotated in to replace his previous intern. Eventually, he was assigned to a therapist whom he has been working with for the last 10 years.

Ms. James shared her entry into BHS was precipitated by a suicidal experience. She ended up being taken to San Francisco General Hospital (SFGH) and became an in-patient. Upon her discharge, she received follow-up services from SFGH staff who eventually helped her get into cooperative housing. Now, she is at a much better place in life.

Ms. **Williams** shared that she works with youth. She is in the process of identifying treatment gaps in services for youth who were exposed to violence.

She believes that the City is great at responding immediately after a violent incident, however, there is still a gap for sustainable long-term treatment when it comes to perpetual violence for youth.

Mr. **Wong** shared that he worked with a Chinese woman with psychosis. The client was distressed when her husband preferred other women over her. As a result, she tried to jump out of a window. When the client came to see him, the client shared that she experienced several barriers to services: language, lack of education, difficulty understanding options, and location of services.

Mr. **Weinroth** shared he was in a crisis about seven years ago with substance addiction. Although he had private health insurance, he was misinformed or under-informed by some unhelpful agencies when he was trying to navigate the system for treatment.

He would like to narrow the gap to encourage better referrals and to have timely services for the uninsured.

Ms. Virginia S Lewis shared that daughter has bipolar disorder that manifested itself when she was ten years of age. She said that most mental illness expertise in treatment is in the public health sector. She felt that there is a strong need for the private healthcare system to collaborate with the public health sector for services.

There is an urgent need for more affordable housing for people with mental illness, since they are the most vulnerable, they are constantly exposed to unaffordable housing. She mentioned that tax-break businesses like Academy of Art should give back to the City by contributing to affordable housing for people with mental illness.

4.2 Public Comment

Ms. **Hennessey** is 26 years of age and experienced mental illness at 15 years old and has experienced every level of care, including the state hospital. In the last three years, she has been facing an uphill battle to find support to maintain her wellbeing, since she is not in a crisis. Her mental illness is stable, and she is a high functioning person. One therapist she was referred to from ACCESS told her everything was her fault. She is finally on the wait list for intensive treatment, but she has been on the list for five months and has had no services for the past three months. She suggested the waiting time should be shorter and that there be services to help clients maintain stability.

Mr. **Gresser** shared he is a Richmond Area Multi-Services (RAMs) employee, a liaison for the BHS Client Council and a Medi-Medi recipient. His own wellness and recovery began fifteen years ago. Although he has been diagnosed with all five axis, according to the DSM V, his primary is axis II, which is affective disorder. It has been challenging for him to find any

dialectical behavioral therapy (DBT) in BHS. He has been seeing a private psychologist two times a week.

First, he would like to see BHS support DBT and more programing in axis II. Second, he would like for more axis I services. His vision for BHS is for clients to have better options and a wider range of services that enable clients to "piece" together or personalize their own care on the inside and on the outside. Lastly, he would like to see more services for the homeless.

Ms. **Chien** asked for an elaboration about the BHS Client Council.

Mr. **Gresser** shared that the BHS Client Council started in the 1980's to promote self-help for clients needing mental health services. The Council meets every month. The monthly meetings help BHS providers understand what clients' needs are. Clients provide feedback to help improve services and care in the BHS. The council collaborates on policies and programs.

In December 2015, the Client Council had a retreat and talked about better services for the homeless. The Council would like to increase outreach in the community.

He suggested the board become more involvement in the Stigma Buster. The Stigma Buster committee is planning an Open Mic event for April 2016.

Ms. **Chien** encouraged board members and Client Council representatives to work together.

Ms. **Abbeduto** shared that there are lots of fair housing complaints about tenant housing rights in supportive housing and independent living. In April 2015, she worked on a case where a tenant was retaliated with a restraining order for asserting her fair housing rights. Places like Baker Place, Progress Foundation and Conard House have instituted a 5 foot restraining order, which does not work. She encouraged more organizational trainings for these places, since managers tend to be detrimentally biased toward tenants.

Ms. **Chien** wondered if more training and education would help reduce the tension between management and tenants.

Ms. **Abbeduto** suggested more training for Progress Foundation, Conard House and Baker Place. Police should not have to be involved on these calls.

There is a stigma that attaches to HIV, HCV which impact tenants' quality of life adversely. There is still a lot of ignorance and fear.

There should be better assessment in qualifying applicants to avoid these issues. A person has to show a pattern of violence. Some long-term tenants have trouble with new tenants.

Management can interfere with a person's wellness and recovery. For example, complaints can result in an eviction.

Ms. **Yu** shared that when people first get into the mental health system they don't know have a strong grasp of it. For example, people don't know when and where to get help or what options are available. She suggested a manual be provided to give clients a sense of empowerment.

She said there is a generation of people who are not internet savvy. She believed that technology can be barrier. For example, the BHS Client Council has been around for fifteen years, but it does not have a presence on the internet. So not too many people know about the Client Council existence.

She believes there should be more peer services because they have a low barrier and low threshold. However, she wondered how peers can obtain higher paying jobs once they become more stable.

She commented that the Care Not Cash program has been helpful in supportive housing for 3,000 to 4,000 people in the last five years. Now, the mayor wants to expand the program to more people. However, once a client/patient is in the supportive housing system, it is very difficult for them to move on.

Dr. **David Elliott Lewis** concurred that supportive housing is lacking in a step up to get people to move on with their lives.

Ms. **Lopez** is a Progress Foundation program director for Clay Street. She has tracked case management in the past year and noticed that it can take six months to a year for clients to connect to services. The time delay occurs because many staff are overload with cases.

Her main issue is her difficulty placing clients into stable or permanent housing after they leave her program. As a result, many clients get into marginally housed situation. They decompensate and recycle back into her program. The situation is getting worse and worse and clients have had to be put into locked facilities. Now, clients are being sent to Modesto.

Ms. **Virginia S**. **Lewis** wondered if a year is enough to stabilize someone.

Ms. **Lopez** said it not ideal but just enough time to provide intensive case management.

Ms. **Virginia S**. **Lewis** wondered about the ideal time frame.

Ms. **Lopez** said eighteen months is the ideal time.

Mr. **Montejano** (aide to Supervisor Farrell) said Supervisor Farrell Office is dedicated to find solutions.

Mr. **Benoit** runs the ACCESS program and shared that he has fifteen staff in his program. The staff accepts calls from everyone and must distill quickly what a caller's needs are.

He wished there were more resources available. He shared a story of a client in crisis in the fall of 2015 whose repeated attempts to see an on-duty psychiatric on the same day was met with challenges. The client was recently qualified for MediCal and needed on-demand medication.

The client initially contacted ACCESS and was told to get in line at the Westside clinic at 6 AM. After showing up by 6 AM, Westside front-desk staff wanted him to sign a consent form. The consent form is not required. But the program staff did not know and refused to have the person see the psychiatrist.

When the client came back into the ACCESS office, he received a warm hand-off to Dore Urgent Care, which did not have an on-duty psychiatrist. When the client went back to Westside that afternoon, the client was 5150'd by a sheriff. When the client arrived at San Francisco General Hospital, Psychiatrist Emergency Services, the attending physician said the client didn't need to be 5150'd and was released. By the evening, the client still did not have the medication.

He would like the board to put pressure on the system to change its policies to make it possible for people in crisis to have access to any necessary medications on the same day. Every neighborhood in the city should have a drop-in clinic for assessment.

Ms. **Chien** wondered if he had any other suggestions.

Mr. **Benoit** said today there was a system-wide email explicitly saying that clients do not have to sign the consent form in order to see a psychiatrist. He also would like to see dialectical behavioral therapy (DBT) be offered in the system.

The system needs to attract and retain psychiatrists.

Ms. **Robinson** shared that the department is working with the University of California to develop a DBT initiative.

Mr. **Porfido** asked about what happened to the client's insurance.

Mr. **Benoit** said the client had lost private insurance and just received MediCal when the client contacted ACCESS.

Ms. **Hand** was concerned about the reduction of psychiatric beds at SFGH. She was bothered that new hospitals are being built but there are no allocations for more psychiatric beds. She worried that there will not be enough psychiatric beds in the whole San Francisco county.

Dr. **David Elliott Lewis** shared that the $2.7 billion project with California Pacific Medical Center (CPMC) did not include a single psychiatric bed.

Ms. **Maso** wanted to see a change in the psychosis unit of the criminal justice system. Patients in the psychosis unit should not pick up extra criminal charges. For example, a person who comes into the crisis unit and acted out should not pick up any additional criminal charges while in an acute psychiatric unit.

She would also like to see police responding to psychiatric calls be accompanied by a Mobile Crisis professional who can triage people with mental illness while the police de-escalate the crisis.

Ms. **Parks** summarized what she heard tonight. She said only people in dire emergency get services. There is a lack in housing for people with mental illness.

Mr. **Heasley**, Executive Director of Conard House, shared that housing is a crisis in San Francisco. He wanted to see more housing available to maintain long term recovery and wellness.

He is concerned that as housing competition increases, there is more and more squeeze on housing availability. Housing for people with mental illness gets pushed aside. He believes that stable housing produces long-term recovery.

He shared a report that was made possible by a grant from Kaiser Permanente San Francisco – Community Benefits Program. 658 participants were surveyed, 106 refused to participate. 273 reported complete connections to the system. For the balance of 279 people with serious mental illness, drug and alcohol problems, chronic medical conditions and ineffective health-seeking behavior who live in Conard supportive housing, the survey showed 218 (78%) people are well connected to a verified medical clinic, and 139 (50%) have a verified primary care physician (PCP). Participants in the survey mentioned their fearfulness and social anxiety with clinicians. Some were concerned about their personal safety on public transportation and "white" coat anxiety (fear of doctors).

Ms. **Chien** wondered what case management is.

Mr. **Heasley** said it is a small team of collaborators providing care in a community setting. Participants in the report have the option of receiving on-site case management services to help with integrated self-management support and health navigation needs. He encourages supportive, collaborative team recovery in the community.

Dr. Stevens wondered the overall population in the survey.

Mr. **Heasley** said the survey was done at ten sites where clients are residents and 60% have substance addiction. Clients in supportive housing sites are funded by two different programs: the San Francisco Department of Public Health (DPH) and Human Services Agency of San Francisco (HSA).

Ms. **Liang** is formerly a member of the Youth Commission, thanked the board for having the public forum. She shared that the mental health issue is very close to her heart. She suggested having a mental health resource fair for the homeless to raise awareness of mental health, since it can be a gateway to other chronic health conditions. Ending the stigma and redistribute funding to underserved and under resourced communities.

Ms. Liang shared her Marble Tree Summary which is at the end of the minutes.

Ms. **Chien** recapped tonight's presentation and mentioned that the public would like DBT be available in BHS. Other public concerns included culturally competent care, case management connection, supportive and permanent housing for people with mental illness.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects

Ms. **Brooke** shared the following:

- Ms. Jo Robinson's retirement celebration is in March 2016
- Program reviews are set up for January and February.

5.2 Report of the Chair of the Board and the Executive Committee.

Ms. Chien said the next Executive Committee meeting is on Tuesday, January 26th, 2016 at 10 AM at 1380 Howard Street in room 226.

5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.

Tabled

5.4 Board Activities

Tabled

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Tabled

5.6 PUBLIC COMMENT

Ms. **Wallace** shared that she works at Hummingbird Place which promotes and supports peers working with peers. The program has seen tremendous growth in clients and peer navigators are working really well. She would like to see more peer programs in BHS.

6.0 PUBLIC COMMENT

No public comments.

Adjournment

Adjourned at: 8:40 PM

ATTACHMENT A

MONTHLY DIRECTOR'S REPORT
JANUARY 2016

1. **SAMHSA**

Mobile Resources To Support Behavioral Health

Download Free Apps From SAMHSA

This New Year, resolve to promote positive behavioral health in your community. SAMHSA has resources that can help address some of the toughest mental health and substance use challenges, including suicide prevention, bullying prevention, behavioral health following a disaster, and underage drinking prevention.

- **Suicide Safe** helps health care providers integrate suicide prevention strategies into their practice and address suicide risk among their patients.
- **KnowBullying** provides information and guidance on ways to prevent bullying and build resilience in children. A great tool for parents and educators, KnowBullying is meant for kids ages 3 to 18.
- **SAMHSA Disaster App** provides responders with access to critical resources—like Psychological First Aid and Responder Self-Care—and SAMHSA's Behavioral Health Treatment Services Locator to help responders provide support to survivors after a disaster.
- **Talk. They Hear You** is an interactive game that can help parents and caregivers prepare for one of the more important conversations they may ever have with children—underage drinking.

Learn More and Download SAMHSA's Free Mobile Apps

2. CONTINUING EDUCATION UPDATE

In May of 2015 the system of care was informed that Behavioral Health Services was working with the American Psychological Association (APA) to become a Continuing Education Sponsor. At this time, we are pleased to announce that The San Francisco Health Network has been approved to sponsor continuing education for psychologists. The San Francisco Health Network has offered a wide range of trainings to a breadth of professional disciplines and we look forward to offering continuing education opportunities to psychologists within our system of care. The Continuing Education Committee is now working with the Ambulatory Care's Office of Workforce Development to ensure that future trainings meet the standards required by APA and we hope to begin offering trainings that meet these requirements in Spring 2016. As a reminder, trainings are now being offered at no cost to staff within the Department of Public Health, as well as Community Based Organizations. A big thank you to the Office of Workforce Development and the Continuing Education Committee (Michael Barbee, Farah Farahmand, Joseph Turner, Angelica Almeida)! Please feel free to contact Angelica with any questions (415-255-3722, angelica.almeida@sfdph.org).

3. CHILDREN, YOUTH, AND FAMILIES (CYF)

Chinatown Child Development Center

The Chinatown Child Development Center continues to participate in the Asian Against Violence monthly meetings. CCDC, in collaboration with API Legal Outreach, Asian Women's Shelter, Cameron House, Chinese Hospital and Richmond Area Multi-Services, Inc. (RAMS) continues to work together to prevent family/domestic violence and abuse in San Francisco's Asian community through culturally competent and linguistically appropriate community education and awareness forums.

During the month of December, the Chinatown Child Development Center continued with the annual tradition of hosting the agency's holiday party for 100+ children and families served throughout the year.

The festive event this year was sponsored by the San Francisco Police Department and Ng Hing Kee Book Stores, San Francisco. Sponsors and donors brought many beautiful smiles to the children's faces this year as they passed out bottomless barrels of toys, games, books, puzzles and Holiday Happiness baskets to low income children and their families. CCDC was also fortunate to have honored retirees to help and to participate in the traditional festivities.

Comprehensive Child Crisis Services

Since the completion of all-staff training on Trauma-Informed Care, our Child Crisis team consistently engages in delivering trauma-informed interventions to clients and families in

crisis through stabilization, intensive case management, therapy, and family work. In the month of December, we were very busy with crisis evaluations and instrumental in providing support and Trauma-Informed Care to the Bayview community who were enraged after several individuals' witnessed the police shoot a young man with mental health concerns. In efforts to increase outreach and support to the community we celebrated the holiday season with the spirit of giving. Staff collected toys, clothes, and essentials from donors and distributed them to the children and families in need throughout different communities.

Family Mosaic Project

Family Mosaic Project put on a celebration for clients and their families in the month of December. The children were able to take pictures with Santa Claus, make ornaments, decorate cookies and enjoy hot chocolate. We also had spirit week for staff. Each day had a different theme (hat day, plaid day, ugly Christmas sweater day) and at the end of the week we took a group picture.

Foster Care Mental Health Program

In December, FCMH said goodbye to our dedicated case management team, all of whom were contract employees. While the transition was hard, we are now welcoming new team members, Joyvelle Henderson and Crystal Holmes. They are working under the supervision of Dr. Kathleen Hamill and will be linking all children and families to behavioral health service, as needed. Soon, they will be joined by two more Health Worker IIs who will complete the team. Selina Low, LCSW, rejoins our team as a City and County employee. She will be providing CANS screening and consultation to HSA. Congratulations to Selina!

LEGACY

On December 1, 2015, LEGACY's TAP group worked in conjunction with the Mayor's Office to perform at the kick-off of My Brother's and Sister's Keeper, which is a Citywide alliance that seeks to advance a coherent cradle-to-college-and-career strategy that improves the life course outcomes of underserved youth of color. This alliance focuses on The City's most underserved young people to ensure that they can reach their full potential, regardless of who they are, where they come from, or the circumstances into which they are born.

Also on December 1st, LEGACY hosted the 2nd CYF Consumer Advisory Board meeting. The CAB consists of consumers and their family members from six CYF outpatient clinics. On December 9th, LEGACY hosted the annual visit from the State's External Quality Review Organization (EQRO).

In conjunction with the Family Giving Tree, our staff provided a memorable holiday season; distributing gifts to our clients' children, many of whom are economically depressed.

Mission Family Center

Mission Family Center (MFC) continued working with First Impressions to enhance our waiting room, collecting surveys, voting on carpet samples and submitting inspirational quotes for our waiting room walls. Four MFC staff (Claudia Diaz, LCSW, Rosa Lutrario, LCSW, Demetra Paras, PhD and Robán San Miguel, LCSW) participated in the second CYF-wide Community Advisory Board (CAB) and received positive feedback from our parent and youth representatives.

MFC staff and clients also participated in the EQRO process which was noteworthy in that it fell the week after the CAB meeting requiring a "above and beyond the call of duty" commitment by our clients. Mr. Jaime Arcila, MFT coordinated with the SF Sheriff's Department in collecting toys for MFC clients. Augusto Guerra, Sr. Clerk; Josefina Juarez, LCSW and Rosa Lutrario, LCSW helped Jaime and the officers unload and organize the toys for MFC caregivers to select and gift to their children. Our Child Psychiatry Fellow, Dr. Anjam Bahl also donated a number of presents for adolescents including beautiful journals to add to the assortment. A big thank you to Jaime and the Sherriff's Department and to Dr. Bahl on behalf of all our MFC families!

Southeast Child Family Therapy Center

Southeast Child/Family Therapy Center is constantly striving to improve our services to meet the needs of the diverse populations that we serve. In order to do so, we have applied to participate in the NNED Learn 2016. NNED is the National Network to Eliminate Disparities in Behavioral Health. In 2014, we were chosen to participate and were trained in the PLAAY model to work with African American boys, a program we provided in 2015. This month, we completed a joint application with Mission Family Center to be trained in a program to serve Latino families called Familia Adelante: A Multi-risk Reduction Behavioral Health Intervention for Latino youth and families. We are proposing a CYF/CBHS collaborative approach in order to have a larger impact on providing culturally tailored and relevant services in the city. We expect to hear good news back from NNED by the end of the month.

Southeast is happy to Welcome back Dr. Dawn Sung, public psychiatry fellow after her maternity leave. Congratulations on a healthy delivery of a beautiful baby girl! Our psychiatry hours are now filled and we will continue to serve the many children and youth seeking child psychiatry in the Southeast sector of SF. We would like to recognize and thank the psychiatrists at Child Crisis Services who helped cover the psychiatry needs of our clients when we were short staffed. A big shout out to Dr. Karen Finch, Dr. Craig Schiltz, Dr. Bonnie Taylor, Dr. Violette Hong, Dr. Stephen Wu (who helped coordinate) and our very own Dr. Lisa Inman! Thanks for holding it together!

4. SPOTLIGHT ON AOT

Since its start in November 2015, Assisted Outpatient Treatment (AOT) has been working hard to engage individuals that have been referred to the program. San Francisco's implementation of AOT is unique and the first county in California to have a Care Team that includes clinical

staff, a peer specialist, and a family liaison. Given the progressive nature of this program, we wanted to take some time to highlight these positions.
Reflecting on his role with AOT, our family liaison noted, "Since we started our program my role here has been very rewarding. Talking with the family members and giving them support and resources in their community lets me know that the program is working. You see when I was helping a family member in my life I didn't have this kind of help. I was out there all alone." There has been a great deal of positive feedback about the support offered to families, including that family members feel hopeful for the first time in many years.

We look forward to continuing to offer support to families and share feedback from our peer specialist in next month's report! Additional information about the program can be found at www.sfdph.org/aot or by calling 415-255-3936.

Tell us your clinic story and we will add it to the upcoming Director's Reports
Past issues of the CBHS Monthly Director's Report are available at:

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp

To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

ATTACHMENT B

MARBLE TREE SUMMARY

Mental Health Resource Fair for the Homeless and Transient Population

State of Affairs

According to the 2015 Point-In-Time Homeless Count, there was a 2% (189 individuals) increase in homelessness since 2013. Over one half of the population was concentrated in the Tenderloin district, where there are high crime and violence rates. Over two thirds of the population indicated that poor health conditions, mainly drug and alcohol abuse and mental health issues, were the cause of homelessness and lack of employment. However, less than one third of the population reported having healthcare coverage. The low number of insured individuals may be due to the lack of access to proper resources, education, and affordability. The lack of preventative care and treatment contributes to the large amount of emergency department admittance and public safety concerns.

Proposed Intervention

Marble Tree can create a mental health resource fair for the homeless population to educate them of primary care, outpatient treatments, and connect them with potential mental health providers.

Benefits

- Individuals who decide to seek outpatient treatment can prevent chronic mental illness and patient boarding in the hospital's psychiatric emergency department.
- Cost-effective: A decrease in admitted patients can save the hospital and city up to an estimated 46.5 million dollars in the span of two years (calculation for 2002 and does not account for inflation. Actual amount may vary)

Challenges

The fair does not guarantee a cure to mental illness in the homeless population or that individuals will continue to seek treatment. There is also a lack of funding and the scope of people reached is unclear. It does not solve the complex homeless problem but is rather one solution that addresses one area of the problem.

Ask

San Francisco is better equipped to address the issue due to having three times the state ratio of mental health providers to users.

We urge the Board of Supervisors and Department of Public Health to consider a two year pilot program that provides free mental health care to transient individuals who decide to seek treatment after the fair. We can then use the money saved in the two years to create a subsidized program or clinic to ensure that mental health care stays accessible and affordable.